**Eastbourne Dementia Action Alliance Member Application Form**

**Please return this form to:** hello@eastbournedaa.co.uk. Applications for membership of the Eastbourne Dementia Action Alliance (EDAA) will be considered and you may be invited to attend an interview with the Board of Trustees.

**Information about you and / or your organisation**

**Fill in your contact details below:**

|  |  |
| --- | --- |
| **Name of organisation:** *(if applicable)* |  |
| **Full name:** |  |
| **Address:** |  |
| **Contact numbers:**  | **Tel:** | **Mob:** |
| **Email:**  |  |
| **Website:** |  |

**If your application is successful, are you willing for us to share your contact details with fellow EDAA members?**

**Yes** [ ] **No** [ ]

**During 2021, the organisation or individual listed above agrees to provide the following support to the EDAA** *(please only complete the relevant categories; otherwise put N/A)***:**

|  |  |
| --- | --- |
| 1. **Allocate Time**
 | **Specify Time**  |
| * I / We are prepared to allocate a specified amount of time per month to the support the activities of the Eastbourne Dementia Action Alliance.
 |  |
| **2. Allocate Resources**  | **Specify Resources** |
| * I / We are prepared to offer the following resources to the Eastbourne Dementia Action Alliance
 |  |
| **3. Specific Skills and / or Experience**  | **Specify Skills and / or experience** |
| * I / We have specific skills and / or experience that may benefit the work of the Eastbourne Dementia Action Alliance
 |  |
| **4. Specific Role/s** | **Tick the relevant role/s** |
| * I/we are interested in the following member role(s).
 | Volunteer Management  |
| Events |
| Press, Publicity, PR |
| Deep Group |
| Advertising and Marketing |
| Web and Social Media |
| Public Liaison, Coms |
| Training, Awareness |

|  |
| --- |
| **Please add details of any additional activities / services or initiatives which you may have already provided - or those you intend to undertake - during 2021 related to delivering better outcomes for people living with Dementia and their carers:** |

**Declaration:** If this application is successful, the organisation or individual agrees to sign up and commit to becoming a Member of the Eastbourne Dementia Action Alliance. By becoming a member, you or your organisation agrees to support the work of the EDAA in accordance with the Charity’s constitution and to attend at least 50% of the arranged meetings per annum. Additionally, by completing this form, you are indicating your willingness for the EDAA to hold your contact details on file and add you to their circulation list for EDAA communications.

|  |  |
| --- | --- |
| **Signed:**  | **Date:** |
| **Print Name:**  | **Job Title or Designation:** |